

**Meeting of the
Board of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia**

December 13, 2005

DRAFT Minutes

Present:

Aneesh Chopra
Rose C. Chu
Terone B. Green
Monroe E. Harris, Jr., D.M.D.
Kay C. Horney
Manikoth G. Kurup, M.D. (Chair)
Michael Walker

Absent:

Phyllis L. Cothran
Patsy Ann Hobson
Barbara H. Klear
Robert D. Voogt, Ph.D.

DMAS Staff:

Tyris Blathers, Admin. Office Specialist III
Adrienne Fegans, Program Operations Administrator
Manju Ganeriwala, Deputy Director of Finance and
Administration
Nancy Malczewski, Board Liaison
Craig Markva, Manager, Office of Communications &
Legislative Affairs
Bryan Tomlinson, Director of Health Care Services
Louis Elie, Director of Program Integrity

Speakers:

Patrick W. Finnerty, Director
Cynthia Jones, Chief Deputy Director
Reatha Kay, Counsel to the Board
Ms. Shannon H. Stepp, Health Management Corporation
Cheryl J. Roberts, Deputy Director of Operations

Guests:

Marcia Tetterton, VAHC
C.W. Laugerbaum, Indigetch, LLC
Mark Pratt, WMS
Joy Lombard, WMS
And Numerous health plan associates affiliated with DMAS

Call to Order

Dr. Manikoth G. Kurup, Chairman of the Board, called the meeting to order at 10:08 a.m. after a quorum was met. Dr. Kurup mentioned that Ms. Hobson had been appointed to the Board to replace Mr. Williams. He asked the audience to introduce themselves.

Approval of Minutes from September 13, 2005 Meeting

Dr. Kurup asked that the Board review and make a motion to approve the Minutes from the September 13, 2005, meeting. Dr. Harris made the motion to accept the Minutes and Mr. Green seconded. The vote was 7-yes (**Chopra, Chu, Green, Harris, Horney, Kurup, and Walker**); **0-no.**

2006 Meeting Dates

Dr. Kurup asked the Board Members to review the meeting dates proposed for 2006. There were no comments, and no further discussion.

Managed Care Program

Ms. Cheryl J. Roberts, Deputy Director of Operations, gave an overview of the Medicaid Managed Care program, explaining how and why the program was created and the how it has evolved over the years. On January 1, 2006, the Department of Medical Assistance Services (DMAS) will celebrate 10 years of the program's existence. Ms. Roberts continued to explain the Medicaid delivery system of the various managed care programs, the number of recipients, their growth in the program, recipient ages, the historical and projected expenditures, and the multiple localities statewide in the program. She discussed the many changes to the program and the expansions across the state.

The managed care organizations (MCO) and program are heavily regulated by the federal and state governments. DMAS monitors the MCOs through a variety of means, including reporting, compliance, meetings, reviews, on-site visits, and appeals to name a few. After collecting data and reports, a contracted external quality review organization validates the overall quality performance of the MCOs. Every two years a Medicaid Managed Care Customer Satisfaction Survey is completed. Seventy-six percent of Virginia enrollees reported satisfaction with their health plan and overall healthcare compared to the national Medicaid average.

Ms. Roberts further explained the Agency's intent to expand the program statewide to areas that are currently not being served by MCOs. The Agency is considering several options including covering medical services for one of the current waiver programs and certain "eligibility groups," *e.g.*, foster care children or aged groups. She concluded with some of the successes in the managed care program, such as: increased provider access, improved health outcomes, 24-hour nurse lines, customer service, cost savings and national award status for the DMAS MCOs.

There were several questions for Ms. Roberts and discussion by the Board.

HEALTHY RETURNS DISEASE MANAGEMENT PROGRAM

Ms. Shannon H. Stepp, National Account Executive of Health Management Corporation, explained the new Disease Management Program, Healthy Returns. On January 13, 2006, DMAS is rolling out the new program targeting recipients with the following chronic conditions: Asthma, Diabetes, Coronary Artery Disease and Congestive Heart Failure. These groups will have patient management with nutrition and education counseling, lifestyle management, medication evaluation, and more. Depending upon the severity of their condition, they will be ranked low or high intensity. The recipients can move back and forth within these areas of intensity. However, all participants will have access to a nurse 24-hours per day/7 days per week, self-management tools and education, quarterly newsletters and monthly re-stratification. This program will improve health quality with some associated cost savings.

There was discussion regarding patient and provider incentives and other aspects of the program.

TRANSPORTATION

Mr. Finnerty noted that at the last meeting a Board Member asked about the recent steep fuel increases, how they are affecting transportation providers, and whether DMAS was considering any type of supplement. In budget development, information has been provided to the Governor's Office and the Department of Planning and Budget (DPB) of how one might structure a supplement to account for the increase in fuel costs. This would be a pass-through to transportation providers by the Transportation Broker. The information provided to the Governor's Office and DPB also included other providers who incur transportation costs—home community based care providers, case management, consumer-directed care, personal care, etc. DMAS is hopeful that some additional funding will be available to assist the providers.

ROLE OF THE MEDICAID BOARD

Ms. Reatha Kay, Counsel to the Board, was prepared to give her presentation. There was discussion by the Board Members that they have already had a similar presentation and did not feel the need to discuss again. Mr. Green noted that at the next meeting, the Board would vote on the officers. At that time, he would like to recommend that the Bylaws be amended and remove the subcommittees that do not meet. At the April 2006 meeting, this will be discussed, and the language drafted at that time in accordance with the Bylaws.

MEDICAID REFORM

Mr. Finnerty directed the Board's attention to the handouts in their binders. One was a side-by-side comparison of existing reform proposals in the House and Senate in Congress. The reform proposals have to go to Conference Committee to be discussed, and finalized. The other document was just released yesterday by the Virginia House Republican Caucus. It outlines their reform agenda for Virginia. DMAS staff have not yet reviewed the information in any detail. Mr. Finnerty noted that because DMAS operates within the broad parameters set by the federal government, some of the reforms mentioned by the Virginia House Republican Caucus will require federal action.

OLD BUSINESS

Regulatory Activity Summary

The Regulatory Activity Summary is included in the Members' books to review at their convenience.

New Business

None.

Adjournment

Dr. Kurup thanked everyone and adjourned the meeting at 11:58 a.m.